Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS639HOS	A. BUILDING _____ B. WING _____	07/29/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE HOSPITAL AND MEDICAL CENTER	3186 S MARYLAND PKWY LAS VEGAS, NV 89109

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 7/29/10, in accordance with Nevada Administrative Code, Chapter 449, Hospital. Complaint #NV00025791 was substantiated with deficiencies cited. (See Tag S0310) Complaint #NV00025795 was substantiated with no deficiencies cited. Complaint #NV00025941 was unsubstantiated. A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	S 000	approved 8/31/10	
S 310 SS=D	NAC 449.3624 Assessment of Patient 1. To provide a patient with the appropriate care at the time that the care is needed, the needs of the patient must be assessed continually by qualified hospital personnel throughout the patient's contact with the hospital. The assessment must be comprehensive and accurate as related to the condition of the patient.	S 310	Sunrise Hospital has thoroughly reviewed this deficiency. Please see the corrective actions below: a) The referenced patient is no longer a patient at the facility	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Sylvia Young CEO TITLE 8-16-10 (X6) DATE

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S 310	Continued From page 1 This Regulation is not met as evidenced by: Based on interview, record review and document review the nursing staff failed to follow the facility's skin risk assessment policy and procedure and implement more aggressive measures to prevent the development and exacerbation of skin breakdown on a patients buttocks, coccyx and sacral area. (Patient #2) Severity: 2 Scope: 1 Complaint # 25791	S 310	and therefore no corrective actions can be accomplished for this patient. b) This deficiency could potentially affect any patient admitted to the hospital. c) The following measures have been put in place and systematic changes initiated to ensure the deficient practice will not recur. d) The Advanced Wound Care Team reviewed policies; Skin Risk Assessment and Skin Integrity Impaired for best practice. (Exhibit 1) No changes were required to the existing policies. Education, including a post test, has been developed regarding the elements of appropriate skin assessment, initiation of appropriate interventions based on the skin assessment and documentation of the assessment and interventions. (Exhibit 2) All clinical nursing staff will complete the education and complete the post test with a passing grade of 90%. This education will be completed by September 31, 2010.	

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			e) A random audit of two adult, acute, in patients, per medical surgical and critical care units (14 units,) per week (28 patients) will be conducted. The audit will consist of: 1. Comparing the appropriateness of the initial skin risk assessment to a revalidated skin risk assessment by the unit manager or designee. 2. The appropriateness of the skin interventions based on the validated skin risk assessment. 3. Staff documentation of skin risk interventions. The audit will be conducted for three months and reported monthly to the QCC. (Exhibit 3) Responsible party: CNO All educational components will be completed by September 31, 2010	